



## Plan of Correction

<b>Program Name:</b> Southern Plains Behavioral Health Services	<b>Date Submitted:</b> 03/23/18	<b>Date Due:</b> 04/23/18
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### Administrative POC-1

<b>Rule #:</b> 67:62:02:18	<b>Rule Statement: Changes requiring notification.</b> An accredited center shall notify the division director before: a change in the center director, a reduction in services provided by the center, or the impending closure of the center for a determination on continued accreditation.  An accredited center shall give the division 30 days written notice of closure. The center shall provide the division written documentation which ensures safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for services for clients by another accredited agency prior to the closing.	
<b>Area of Noncompliance:</b> The requiring notification policy was missing or could not be found in the review of policy and procedures manual.		
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Developed a new policy, as the agency has never before had a Changes Requiring Notification policy in place. The Changes Requiring Notification policy is policy #012. BOD reviewed and approved the new policy at the BOD meeting on April 2, with all staff training on the new policy on April 6, 2018.		<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> April 6, 2018
<b>Supporting Evidence:</b>  See the attachment for our new policy-Policy #012, titled “Changes Requiring Notification”.		<b>Person Responsible:</b> Executive Director
<b>How Maintained:</b>  Review and Updated Policy, as ARSD rules change, so to be in compliance with 67:62:02:18.		<b>Board Notified:</b> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

### Administrative POC-2

<b>Rule #:</b> 67:62:07:03	<b>Rule Statement: Policy on abuse, neglect, and exploitation.</b> Each agency shall have a policy which prohibits abuse, neglect, and exploitation of a client. The policy shall contain the following: <ol style="list-style-type: none"> <li>1) Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;</li> <li>2) A requirement to report to the division any incidents of abuse, neglect, or exploitation;</li> <li>3) A requirement to report to the department pursuant to SDCL 26-8A-3 and 26-8A-8;</li> <li>4) A procedure for disciplinary action to be taken if staff engages in abusive, neglectful, or exploitative behavior;</li> <li>5) A procedure to make immediate efforts to inform the guardian, or the parent if the client is under 18 years of age, of the alleged incident or allegation; and</li> </ol>	
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	6) Upon substantiation of the incident, a requirement to document the actions to be implemented to reduce the likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation.
<b>Area of Noncompliance:</b> The agency has a policy on abuse, neglect, and exploitation but needs to be updated to ensure full compliance.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Updated the agency policy on Abuse, Neglect and Exploitation. Staff will receive training on this policy at the All Staff meeting on Friday, April 6, 2018. On April 2, 2018, the BOD approved the policy..	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> April 6, 2018.
<b>Supporting Evidence:</b> Please see the attachment for our policy on Abuse, Neglect and Exploitation.	<b>Person Responsible:</b> Executive Director
<b>How Maintained:</b> Review and update this policy to ensure compliance of 67:62:07:03, as needed and/or rules change.	<b>Board Notified:</b> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
<b>Rule #:</b> 67:62:06:04	<p><b>Rule Statement: Orientation of personnel.</b> The center shall provide orientation for all employees, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation shall be documented and shall include at least the following items:</p> <ol style="list-style-type: none"> <li>1) Fire prevention and safety, including the location of all fire extinguishers in the center, instruction in the operation and use of each type of extinguisher, and an explanation of the fire evacuation plan and center's smoking policy;</li> <li>2) The confidentiality of all information about clients, including a review of requirements in this article and 45 C.F.R. Parts 160 and 164 (October 7, 2009);</li> <li>3) The proper maintenance and handling of client case records;</li> <li>4) The center's philosophical approach to treatment and the center's goals;</li> <li>5) The procedures to follow in the event of a medical emergency or a natural disaster;</li> <li>6) The specific job descriptions and responsibilities of employees;</li> <li>7) The center's policies and procedures are maintained in accordance with § 67:62:05:01; and</li> <li>8) The center's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL <a href="#">26-8A-3</a> and <a href="#">26-8A-8</a>.</li> </ol>
<b>Area of Noncompliance:</b> Personnel records reviewed did not clearly document new employee orientation is completed within 10 working days of hire.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Added to the current New Employee Orientation Checklist form, the completion date (due within 10 days) along with the new hire employee signature.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> March 27, 2018
<b>Supporting Evidence:</b> See attached copy of the updated New Employee Orientation Checklist form.	<b>Person Responsible:</b> Executive Director

<b>How Maintained:</b> <span style="background-color: #cccccc;">      </span> Review and update, according to ARSD Rule 67:62:06:04, so to be in compliance with the rule.	<b>Board Notified:</b> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
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Client Chart POC-1	
<b>Rule #:</b> 67:62:08:14	<b>Rule Statement: Transfer or discharge summary.</b> A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.  If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.
<b>Area of Noncompliance:</b> All transfer or discharge summaries reviewed were missing the client's problems and progress toward planned goals and objectives.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Staff training provided by the Clinical Director during Supervision on transfer or discharge summaries, so to ensure the client's problems and progress toward the planned goals and objectives are included on the summaries when completed in the MIS. Reviewed the rule 67:62:08:14, in the all staff meeting on Friday, March 23, 2018. Along with the review of ARSD 67:62:08:08, to ensure charts are reviewed every six months and ARSD 67:62:08:12, so staff include what the client will work on before the next session. The Clinical Director developed a new discharge summary form titled, "Treatment Interruption Summary" and will provide staff training during Supervision and in the All Staff meeting, April 6, 2018, on correctly completing this form. The staff will be utilizing the new form so to ensure transfer or discharge summaries are fully completed and done correctly.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> Staff training, March 23, 2018, with ongoing monitoring by the Office Secretary/Clinical Director.
<b>Supporting Evidence:</b> The treatment Interruption Summary form will be utilized. Please see the attachment for the new transfer or discharge summary form titled, Treatment Interruption Summary.	<b>Person Responsible:</b> Office Secretary/ Clinical Director.
<b>How Maintained:</b> The Office Secretary will review and monitor the Treatment Interruption Summary to ensure the form is complete and meets compliance.	<b>Board Notified:</b> ✓ Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: <span style="background-color: #cccccc;">Leslie Smith</span>	Date: <span style="background-color: #cccccc;">April 4,</span> <span style="background-color: #cccccc;">2018</span>
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Send Plan of Correction to:

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